STATE OF ARKANSAS

STRATEGIC PREVENTION FRAMEWORK

March 2005

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To the Citizens of Arkansas:

I am pleased to share with you the *Arkansas Strategic Prevention Framework*
addressing substance abuse, violence, and other self-destructive behaviors
in youth. The *Arkansas Strategic Prevention Framework* is the starting point for state and local partners to work
effectively and efficiently on prevention to ensure the well-being of all our young citizens. It builds on the work of
existing agencies, community networks, coalitions, organizations, and
prevention programs.

I would like to thank the State Incentive Grant (SIG) Advisory Committee and the workgroups for their
hard work in developing the *Arkansas Strategic Prevention Framework* and for their commitment to implement
prevention policies, programs, and strategies in support of the *Arkansas Strategic Prevention Framework*.

I am grateful to the many citizens throughout our state who work to help all of our citizens, especially our
children and youth, to build new skills and receive the encouragement and support needed to lead healthy
and productive lives. invite you to work with us to implement the goals and objectives of the *Arkansas
Strategic Prevention Framework.*

Sincerely yours,

Mike Huckabee

State of Arkansas

OFFICE OF THE GOVERNOR

The State of Arkansas, under the direction of Governor Mike Huckabee, established the State Incentive
Planning and Development Grant (SIG) Advisory Committee (the Committee) consisting of representatives
from the Governor's Office and approximately 30 state agencies and other stakeholders in prevention.
The Committee's goal was to provide recommendations to the Governor for an "Arkansas Strategic
Prevention Framework" that enhances Arkansas' prevention resources. This document was developed with
SIG funding.

The *Arkansas Strategic Prevention Framework* describes a risk reduction and protection enhancement prevention
theory that will guide state agencies, schools, community organizations and coalitions, networks, and
families in working together to prevent children from engaging in problem behaviors such as school
dropout, substance abuse, delinquency, and violence.   The Committee used the expertise and knowledge
from multiple agencies and organizations as a foundation to work toward a more cohesive and collaborative
system that coordinates and maximizes resources to fill gaps in services and address unmet needs.

The *Arkansas Strategic Prevention Framework* is designed around elements that are part of a major prevention
initiative of the federal Substance Abuse and Mental Health Services Administration (SAMHSA), Center for
Substance Abuse Prevention (CSAP).   The federal initiative is called the "Strategic Prevention Framework"

(SPF), and states are encouraged to use the five strategic elements of the SPF to develop individual state prevention frameworks that will contribute to a national Strategic Prevention Framework.

These elements comprise a strong and viable state prevention system and include:
- **Assessment** of Prevention Needs, Resources, and Readiness
- **Capacity** – State and Community Partnerships and Collaboration
- **Planning** with a Prevention Mission, Vision, and Theoretical Model
- Selection and **Implementation** of Best Practices that reflect the diversity of the people in the state
- Monitoring and **Evaluation** of the state's prevention efforts

The SPF is also designed around elements that will guide state and local organizations to establish partnerships and implement systems to coordinate prevention resources.

The state partners who came together to develop this *Arkansas Strategic Prevention Framework* acknowledge the challenges associated with developing, implementing, and maintaining such a plan. Such challenges may include competing agendas, priorities, perspectives, limited state resources, and interagency fragmentation of prevention services.

The partners also recognize that the *Arkansas Strategic Prevention Framework* provides a unique opportunity to advance prevention and coordinate prevention funds and resources. Long-term change will be realized by pursuit of a shared vision and common goals and objectives that improve the well-being of the state's citizens, rather than directly modifying structures and budgets.

There is also a recognition that the State partners may not be able to unanimously subscribe to each strategy proposed for the *Arkansas Strategic Prevention Framework*. However, the partners are unanimously committed to working within their respective agencies and with other partners to put forth and implement the elements of the *Arkansas Strategic Prevention Framework*.

Introduction to the Arkansas Strategic Prevention Framework

The *Arkansas Strategic Prevention Framework* is designed as a state and local prevention system whereby participating state partners and local stakeholders can coordinate prevention funds and resources. This is based on a common vision and mission and includes an overarching goal, objectives and strategies.

Representatives of state agencies, statewide organizations, academia, community prevention coalitions and prevention providers contributed to the development and oversight of the *Arkansas Strategic Prevention Framework*.

The following citizens from across the state participated in workgroups to develop the *Arkansas Strategic Prevention Framework* and made a personal commitment to work together to implement its elements as previously described. The *Arkansas Strategic Prevention Framework* elements presented in this document incorporate the recommendations developed by the workgroups.

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The mission of the developers and endorsers of the *Arkansas Strategic Prevention Framework* is to implement and sustain a statewide prevention framework that enhances the capacity and collaboration of key stakeholders, on both the state and community levels.

Strategic Prevention Planning

Prevention is a proactive process designed to empower individuals and communities to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

Prevention begins with promotion of healthy communities for youth and families.   Prevention includes helping individuals to understand that they can have an impact in solving their local problems and setting local norms.   Prevention emphasizes collaboration and cooperation, both to conserve limited resources and to build on existing relationships within the community.   Community groups need to routinely explore new, creative ways to use existing resources.

Prevention requires multiple processes that involve people in a proactive effort to protect, enhance, and restore the health and well-being of individuals and their communities.   It is based on the understanding that there are factors that vary among individuals, age groups, ethnic groups, and risk-level groups and geographic areas.

The overall goal for prevention is the development of healthy, responsible, productive citizens. To meet this goal, tailored prevention services must be made available through a variety of providers and strategies that target diverse groups (Institute of Medicine 1994):

Universal Services: These services are designed to reach an entire population in a predetermined geographic area. Illustrations: Prevention education for all children in a school district; media and public awareness campaigns in a town; or social policy, such as increasing the legal age for alcohol or tobacco use.

Selected Services: These services are targeted to a sub-group of the general population who are "at risk" or under-served. Illustrations: Skills training for youth in transition grades (i.e., from elementary to middle school or junior high to high school); special clubs and prevention support programs for children and caregivers exposed to high-risk behaviors.

Indicated Services: These services are provided to those individuals identified as experiencing early signs of a particular problem behavior, such as substance abuse or delinquency, who do not yet need treatment. Illustration: Programs that focus on stopping the escalation of harm from the problem behaviors.

Definition of Prevention

The *Arkansas Strategic Prevention Framework* describes a risk reduction and protection enhancement theory of prevention that will guide state agencies, schools, community coalitions, networks, and families to work together to prevent children from engaging in problem behaviors such as school dropout, substance abuse, delinquency, and violence.

The risk and protective factor theory for prevention of adolescent problem behaviors is similar to other public health models of disease prevention such as for heart disease and childhood diseases. This theory is grounded in longitudinal studies that have identified numerous risk factors that increase the likelihood that children and youth will engage in a multitude of problem behaviors including substance abuse, delinquency, school dropout, violence, and teen pregnancy (See Appendix A). Most recent research identifies many of these risk factors as contributing to depression and anxiety disorders in children and youth. Other research has also identified a number of factors that can provide protection for children and youth, and reduce or mitigate the impact of exposure to risk factors, that result in positive outcomes such as success in school (Hawkins, et al.).

Data to identify the majority of risk factors and all of the protective factors are collected through assessment of young people's experiences and perspectives in an anonymous survey administered annually throughout the state to students in grades 6, 8, 10, and 12 (Arthur, et al.). Another venue to collect risk and protective factor data is through archival data sources. Prevention research has identified at least 50 social indicators that serve as "proxy" measures for risk factors. These data have been collected annually by the University of Arkansas at Little Rock and published as *Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas* (ARFA).

This theoretical framework has been tested for youth, and as the discipline advances, it will include data for college age and other adults, including senior citizens.

Prevention Theoretical Framework of Risk Reduction and Protection Enhancement Strategic Prevention Data System for Needs Assessment and Outcomes

The Data Collection and Needs Assessment component of the *Arkansas Strategic Prevention Framework* is designed to provide state agencies and local coalitions with the infrastructure and supporting data needed to conduct annual state and local community prevention needs assessments that will create a continuum of community resources, capacity, and readiness.

This component will:

- *Be responsive to the unique prevention requirements of multiple funding resources.*
- *Identify risk levels of communities.*
- *Identify protection levels of communities.*
- *Identify youth problem behaviors associated with high risk and low protection, including substance abuse, delinquency, violence, school dropout and underachievement differences, and teen pregnancy.*
- *Address geographic, ethnic, gender, cultural, and developmental age issues.*
- *Identify the population in the community to realistically target for prevention services based on the assessed risk and protective factors.*
- *Determine the readiness and capacity of a community to address identified problem behaviors through evidence-based prevention programs shown to reduce related risk and protective factors.*
- *Provide follow-up evaluation data to determine the effectiveness of the prevention programs and policies implemented.*

The Advisory Committee recommends using the following available data sources as the foundation to address the suggestions noted above:

Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas
The University of Arkansas at Little Rock compiles, publishes and disseminates an annual report of identified risk factors in Arkansas populations based on at least 50 social indicators identified through extensive research.   This assessment is funded by ADAP.

Arkansas Prevention Needs Assessment   Student Survey (APNA)
This survey measures the risk and protective factors for 6th, 8th, 10th, and 12th grade students. Participation in the survey is open to all public school districts and includes an annual implementation of the survey at no cost to the schools.   Data are analyzed on county, regional and state levels and reported in public documents.   Participating school districts receive confidential data reports at both the school building and district levels.   These data satisfy the U.S. Department of Education's Safe and Drug Free Schools (SDFS) Program requirement for a school needs   assessment.   The initial APNA survey was implemented in December 2002 and has since been funded annually by ADAP.

Department of Community Corrections (DCC) Data
DCC data includes information on the number of positive drug tests for offenders in age group 18-25 for probation, parole, and inmates.   Other testing includes the percentage of positive drug tests out of the total number of tests in the total population.It shows which drugs were used and how many people tested positive for them.

Youth Risk Behavior Survey (YRBS)
The Arkansas Department of Education, Office of Comprehensive School Health has administered the YRBS every other year to randomly selected high school students since 1995.   Students complete a self-administered, anonymous questionnaire.   The YRBS measures behaviors for violence, ATOD, sexual behaviors, dietary behaviors, and physical activity.   In 2001 and 2003, the YRBS was also administered to a census of students in Arkansas juvenile detention centers. The statewide YRBS is conducted under the guidance and support of the Youth Risk Behavior Surveillance System (YRBSS) of the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion.

Other Possible Data Sources

Youth Tobacco Survey (YTS)
The YTS randomly selects schools to collect data from students in grades 6 through 12 on many key tobacco-related intermediate and long-term indicators, allowing Arkansas to measure progress toward state and national tobacco prevention goals and objectives. Topics covered in the YTS are prevalence, knowledge, attitudes, media and advertising, minors' access, tobacco-related school curricula, second-hand smoke, addiction and cessation.   It is conducted every other year and is free to the schools.   The YTS is implemented by the Arkansas Department of Health (ADH) Tobacco Prevention and Education Program (TPEP) under the guidance of CDC's Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion.

Behavioral Risk Factor Surveillance System (BRFSS)
The BRFSS is the largest, continuously conducted telephone health survey in the world. It is conducted by each state, the District of Columbia, and three United States territories under the guidance and support of CDC. The purpose of the survey is to uniformly collect data on a variety of behaviors and conditions that place adults at risk for chronic diseases, injuries, and preventable infectious diseases that are the leading causes of morbidity and mortality in the United States. Arkansas participated in 1991 and has been conducting this survey monthly since January 1993. The respondents are selected and interviewed at random.   This is implemented by The Center for Health Statistics, Arkansas Department of Health (ADH).

The Advisory Committee also recommends developing a system to collect data that has been unattainable or unavailable in the past. In order to do this, the Committee proposes the following efforts be made:

- *Identify prevention resources available at the state level*
- *Identify gaps in prevention resources at the state level*
- *Identify tools for communities to assess readiness to address prevention*
- *Determine effectiveness of current programs and policies*

Strategic Implementation of Evidence-based Programs, Practices, and Policies

The SIG Advisory Committee formed a sub-committee, the Evidence-based Models Workgroup, to identify school, government, and community-based prevention programs currently being used in the state. The workgroup was also charged with researching and recommending other evidence-based models that would meet the prevention needs of the state and local communities and coalitions.   The workgroup analyzed and compared several program sources to identify prevention programs and found that many evidence-based and effective programs, as well as promising programs, have been implemented in the state.

The workgroup created a detailed comparison matrix that provides an overview of evidence-based prevention programs that may be appropriate for use in Arkansas schools, communities, and state agencies and includes those that are currently being used (see Appendix B).

The main criteria used to recommend evidence-based programs were risk and protective factors and problem behaviors of at-risk youth in Arkansas, based on problem behavior outcome data from the 2003 Arkansas Prevention Needs Assessment Student Survey (APNA).

The primary reference source used to identify evidence-based programs was the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), National Registry of Effective Programs and Practices (NREPP). Other sources were the National Institute on Drug Abuse (NIDA), the Office of Juvenile Justice and Delinquency Prevention (OJJDP): Blueprints for Violence Prevention, and the U.S. Department of Education, Safe, Disciplined and Drug-Free Schools (SDFS).
Information about programs being used in Arkansas communities and schools was provided by the Office of Alcohol and Drug Abuse Prevention (ADAP) and through the Arkansas Department of Education.

After thoroughly reviewing state, federal and national data on prevention resources and programs, the SIG Advisory Committee determined that Arkansas' at-risk children and young adults would benefit greatly by prevention providers offering the best evidence-based prevention programming available, based on the needs of the appropriate target populations.

The Committee recommends that state agencies involved with youth implement evidence-based programs in their prevention efforts, particularly the Department of Human Services' Division of Youth Services (DYS), Division of Children and Family Services (DCFS), and Division of Behavioral Health Services (DBHS), the Department of Health (ADH) and the Department of Education (ADE). The Committee also encourages prevention providers to use evidence-based   programs.

When federal funds for prevention programs are administered through state agencies, the use of evidence-based programs are usually required. Federal prevention funding sources* also require that certain risk and protective factors be impacted by prevention efforts in Arkansas. There are numerous risk and protective factors that can be addressed with the use of evidence-based programs in Arkansas, and many of those factors are identified below and on the *Comparison Matrix of Evidence-Based Programs for Schools and Communities* in Appendix B. The Arkansas Prevention Needs Assessment Student Survey (APNA), the Youth Risk Behavior Survey (YRBS), and the Core Alcohol and Other Drugs Survey[+], as well as the Arkansas Department of Education (ADE), serve as the data sources for these factors.

The *Arkansas Strategic Prevention Framework* incorporates guidelines for working with state and community agencies and organizations to effectively evaluate their prevention efforts. Such evaluation provides feedback to help prevention planners stay on course, identifies which strategies are most effective for different
populations, and demonstrates to funding sources the benefits realized from funding. Training and technical assistance will be developed for communities to monitor their progress and evaluate their results.

The guidelines to be explored include:

- A centralized and uniform data collection system (management information system).

- Uniform reporting mechanisms.

- Simplifying state processes for needs assessment, allocation of resources, and outcome reporting.

- Uniform processes and assistance for communities to select and implement evidence-based programs, promising approaches, and policies based on needs assessment data.

- Technical assistance to help providers conduct process and outcome evaluation of their programs.

- Training to assist providers in implementing evidence-based programs with fidelity.

The following is provided as the framework for the guidelines:

- Process evaluations assess the process by which progress occurs toward state- and community-level objectives and the influence of the contexts in which the progress occurs.

- Policy and program implementation fidelity is defined as the description of the differences between the services actually delivered to participants and the services as outlined in the original evidence-based program design.

- Program effectiveness is evaluated to determine whether prevention efforts result in desired change. Change is generally measured by comparing surveys completed by program service participants before the prevention services are delivered and surveys completed after the services have been delivered. The best way to determine program effectiveness is to compare measures of change between individuals who participated in the program with similar individuals who did not participate in the program.

- Risk and protective factors and the prevalence of substance abuse and other problem behaviors can

be measured by examining long-term, state and community-wide changes and outcome trends derived from the APNA student survey.

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Strategic Prevention Monitoring and Evaluation

Substance Abuse Prevention Desired Outcome Objectives

The matrix on the following pages identifies desired outcome objectives directed towards prevention of illegal drug use and youth alcohol and tobacco use; reduction of factors that put youth at risk for substance abuse; the increase of factors which protect or buffer youth; and objectives targeted towards school achievement.   State agencies involved in youth substance abuse prevention have supported the objectives as part of the *Arkansas Strategic Prevention Framework* and have selected specific objectives to target prevention funds and other resources.

Description of Matrix Headings

Desired Outcome: Organized under the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention National Outcomes and Measures (2004).

Data Source: Indicates national or state sources.
*   National sources include:
    *   ~ *Monitoring the Future* Study (MTF) sponsored by the National Institute on Drug Abuse and conducted annually since 1975 by the University of Michigan.
    *   ~ The *National Survey on Drug Use and Health* (NSDUH) sponsored by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration and conducted by RTI International.
    *   ~ *Dropout Rates in the United States: 2000 Report* sponsored by the U.S. Department of Education (DOE) and conducted by the National Center for Education Statistics (NCES).
*   State sources include:
    *   ~ *Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas 2003* (ARFA)
    *   ~ *Arkansas Prevention Needs Assessment Student Survey* (APNA)

Comparison Year: Represents data from state and national sources that reflect a point of reference for a specific time period.

Target Outcome: Refers to projected outcomes for each objective that participating state agencies will work toward.

Target Range:
*   *Short-term Outcomes*: Conditions that do not indicate present use but do indicate possible future use, and changes are achievable in two to five years.
*   *Long-term Outcomes:* Indicators of the actual problem behavior, and changes are achievable in six to ten years.

State Outcomes and Targeted Measures

Prevention resources were identified by the Committee's Prevention Resources Workgroup, which conducted a phone survey and personal interviews of state agencies and other prevention providers to gather information on each agency's funding amounts, sources, and type of services funded. The definition of prevention given to agencies and organizations to identify their prevention resources was broad: "Activities and programs in which an agency is involved to prevent negative behaviors from occurring."

The state agencies listed below represent the majority of prevention work provided by Arkansas state government. A number of private entities may provide prevention measures; however, the list excludes private efforts. The information collected was in reference to SFY 2003-2004.

The major finding of the Prevention Resources Workgroup, based on the information collected about prevention resources in Arkansas, was that an overwhelming majority of the resources come from the federal government and the Tobacco Master Settlement Agreement (MSA). While these resources are administered by the state, at the present time there appears to be very little state general revenue committed specifically for prevention.

While the workgroup attempted to obtain information on substance abuse from all state agencies relating to the State Incentive Grant project, resources may have been under-reported. This is an ever-expanding component of the *Arkansas Strategic Prevention Framework* and needs to be updated on a regular basis.

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APPENDIX C

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Prevention Resources

Glossary

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Archival: *Public records or documents bearing information organized for utility.*

Arkansas Prevention Needs Assessment Student Survey (APNA): *An annual survey sponsored by ADAP designed to measure for prevention services among youth in public school grades 6, 8, 10, and 12 in the areas of substance abuse, delinquency, antisocial behavior, and violence. This survey is provided at no charge to participating public school districts.*

Alcohol and Drug Abuse Coordinating Council:
A body created by legislation with the responsibility for overseeing all planning, budgeting, and implementation of expenditure of state and federal funds allocated for alcohol and drug education, prevention, treatment, and law enforcement. (www.state.ar.us/dhs/dmhs)

ATOD: *Alcohol, Tobacco, and Other Drugs.*

Centers for the Application of Prevention Technology (CAPT): *Five centers nationwide are supported by CSAP to serve as regional sources of technical assistance on the application of science-based prevention at the state and community levels. Arkansas is served by the Southwest CAPT (SWCAPT).*

Center for Substance Abuse Prevention (CSAP):
The prevention center under the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. CSAP is the lead federal agency for substance abuse prevention and the funding source for the State Incentive Grant (SIG) project.

Coalition: *A formal arrangement for cooperation and collaboration between groups or sections of a community in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.*

Efficacy & Effectiveness: *There are different standards of proof for establishing the efficacy of an intervention as opposed to its effectiveness. (e.g., Howard et al., 1996) Efficacy is a necessary, but not sufficient, condition for effectiveness and is ideally established through randomized, controlled, experimental studies (e.g., Campbell & Stanley, 1966)*

Efficacy: *Refers to whether the intervention can be successful when it is properly implemented under controlled conditions*

Effectiveness: *Refers to whether the intervention typically is successful in actual clinical practice.*

Evidence-based Education: *Using the best available empirical evidence in making decisions about education.*

Evidence-based Programs: *Successful, well-implemented, and well-evaluated programs that have been reviewed by the National Registry of Effective Programs and Practices (NREPP) according to rigorous standards of research. (www.modelprograms.samhsa.gov)*

Fidelity: *In the context of prevention programming, fidelity means maintaining the core components, framework, program elements, delivery schedule, and dosage/exposure as intended by the program developer.   Ensuring programs maintain those core elements will enhance the likelihood that those original positive outcomes are achieved in a replication.*

Model Programs: *The first of two levels judged by the National Registry of Effective Programs and Practices (NREPP) as being scientifically proven, or evidence-based.   The distinctive difference between a model program and an effective program is that model programs have national training capacity to assist replications.*

NREPP: *SAMHSA's Center for Substance Abuse Prevention (CSAP) created a National Registry of Effective Programs and Practices (NREPP). NREPP is a resource to review and identify evidence-based programs. Toward identifying programs, NREPP seeks candidate prevention programs from the practice community and from the archival scientific literature.*

Office of Alcohol and Drug Abuse Prevention (ADAP):   *Arkansas' state office designated as the lead agency responsible for substance abuse prevention and treatment, which is located within the Arkansas Department of Human Services (DHS), Division of Behavioral Health Services (DBHS).   (www.state.ar.us/dhs/dmhs)*

Prevention: *A proactive process designed to empower individuals and communities to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.*

Preventionist (general description):   *One who routinely practices prevention in his/her existing societal role, whether paid or volunteer, acting in a personal or professional capacity.   Includes parents, clergy, teachers, law enforcement, business owners, etc.*

Preventionist (specific to substance abuse):   *One who provides knowledge and skills as well as promotes the development of healthy attitudes and behaviors in order to prevent the use, misuse and abuse of alcohol and other drugs and prevent behaviors harmful to human beings.*

Prevention Resource Center (PRC):   *The focus of the Arkansas Regional Prevention Resource Center System is capacity development of communities to address prevention. Collectively, thirteen Regional Prevention Resource Centers form a statewide infrastructure to promote and increase alcohol, tobacco, and other drugs (ATOD) prevention efforts at the regional, county and community levels.*

Protective Factor: *Characteristics or attributes of persons, their families, their peers, their environment, their schools, etc., that may help protect or provide a buffer for a person from problems such as substance abuse and which can strengthen the person's determination to reject use of alcohol, tobacco, marijuana, and other drugs.*

Risk Factor: *Characteristics or attributes of persons, their families, their peers, their environment, their schools, etc., that have been associated with a higher susceptibility to alcohol and other drug abuse and other problems.*

Risk and Protective Factor Framework: *Body of research giving direction to communities about how to design programs to prevent youth from developing substance abuse problems.   The research focuses on risk/protective factors which increase/decrease the likelihood youth will develop problem behaviors such as substance abuse.*

***Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas* (ARFA):**   *An annual publication citing prevention -related statistics compiled from various state agencies.   The document provides general guidelines for developing prevention programs and serves as a starting point for further research.   The University of Arkansas at Little Rock (UALR) Census State Data Center, Children's Research Center produces the document with funding from ADAP. (www.weknowarkansas.org/census/crc/)*

Strategic Prevention Framework: *The Strategic Prevention Framework (SPF) is a major SAMHSA initiative and includes five components: needs assessment, capacity, planning, implementation, and evaluation in an effort to encompass the state and all sectors of the community.   This is the planning approach adopted by SAMHSA that is a required logic model process for grants supported by their funds.   See Appendix D. (www.preventionplatform.samhsa.gov)*

SIG Stakeholder: *Individuals or groups which can influence the outcome of the SIG or which can be affected by SIG activities including clients or program recipients, governmental agencies, and community coalitions and organizations.   They have or should have a vested interest in a particular issue that has potential impact on them.*

State Incentive Grant (SIG): *A series of federal planning and development grants awarded to state governors supporting the costs for planning collaboratively and developing a state strategic prevention plan that provides guidance and direction to state and local agencies for prevention efforts. Various SIGs have had differing focuses, amounts, and timeframes. Arkansas received a one year planning and development SIG. The* Arkansas Strategic Prevention Framework *document (March 2005) was developed with SIG funding.*

Substance Abuse and Mental Health Services Administration (SAMHSA): *An administration unit located within the U.S. Department of Health and Human Services housing the Center for Substance Abuse Prevention; the Center for Substance Abuse Treatment, and the Center for Mental Health Services. (www.samhsa.gov)*

Youth Risk Behavior Survey (YRBS): *A validated survey instrument designed to access the level of involvement in risky behaviors of high school-aged youth. The Center for Disease Control and Prevention requires a state department of education to implement the survey biannually using a random sample of public high schools in the state.*

APPENDIX E

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The Governor's State Incentive Grant (SIG) Advisory Committee membership provided oversight and support for the development of the *Arkansas Strategic Prevention Framework*.   The members now provide endorsement of the *Arkansas Strategic Prevention Framework* and commitment to collaborate in the implementation of its elements.   The membership is committed to expanding coordination and collaboration among participating agencies and organizations.

Strategic Prevention Capacity and Partnership

- Arkansas Advocates for Children and Families

- Arkansas Association of Chiefs of Police

- Arkansas Association of Substance Abuse Treatment Providers

- Arkansas Collegiate Drug Education Committee

- Arkansans for Drug Free Youth

- Arkansas Minority Health
- Commission

- Arkansas Prevention Network

- Arkansas School Boards Association

- Arkansas Sheriffs Association

- Arkansas State Police

- Arkansas State Representative

- Commission on Child Abuse, Rape, and Domestic Violence

- Division of Behavioral Health Services, Department of Human Services

- Drug-Free Rogers-Lowell, Rogers-Lowell Area Chamber of Commerce

- Governor's Youth Board

- Jonesboro Public Schools

- League of United Latin-American
  Citizens

- Mothers Against Drunk Driving

- Prevention Resource Centers

- Prosecuting Attorneys Association

- Safe and Drug Free Schools Coordinator, Malvern School District

- Statewide Faith-based Representative

- Teens of Northeast Arkansas

- University of Arkansas, Division of Agriculture, Cooperative   Extension Service

- University of Arkansas at Little Rock, Institute for Economic Development

- University of Arkansas at Little Rock, MidSOUTH Prevention Institute

- University of Central Arkansas, Department of Health Sciences

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State Partner Collaboration

Strategic Prevention Planning

TO MOBILIZE STATE AND LOCAL COMMITMENT, PROMOTE READINESS, AND SUPPORT LEADERSHIP FOR PLANNING AND DELIVERY OF PREVENTION SERVICES.

Strategy 1

Engage diverse prevention providers (i.e., private, non-profit, faith-based, public) to participate in the implementation of the Arkansas Strategic Prevention Framework.

Strategy 2

Increase collaboration among organizations and agencies involved in prevention including, but not limited to, state and local government, elected officials, and the thirteen Prevention Resource Centers.

Strategy 3

Design and implement a training and technical assistance system (workforce development) that will increase and enhance skills of providers to administer effective prevention services.

Strategy 4

Maintain a pool of master preventionists available to deliver training and technical assistance to prevention providers.

OBJECTIVE 2: STATE AND COMMUNITY MOBILIZATION

To provide an effective and comprehensive system of prevention services that are sustained, monitored, and evaluated.

The Goal of the *Arkansas Strategic Prevention Framework* will be:

~ Implemented with evidence-based* model programs and promising approaches

~ Focused on shared short- and long-range prevention outcomes

~ Endorsed and maintained by key stakeholders

~ Driven by data for state and community

~ Sensitive to cultural diversity

~ Accessible to all Arkansans

*See Glossary for the definition of evidence-based programs.

GOAL, OBJECTIVES AND STRATEGIES

Appendices

Risk and Protective Factor Framework

The following graphic supports a public health model using a theoretical framework of risk reduction and protection enhancement.   Developments in prevention and intervention science have shown that there are characteristics of individuals, their families and their environment (i.e., community, neighborhood, school) that affect the likelihood of negative outcomes including substance abuse, delinquency, violence, and school dropout.   Other characteristics serve to protect or provide a buffer to moderate the influence of the negative characteristics.   These characteristics are identified as risk factors and protective factors.   (Arthur, Hawkins, et al., 1994), (Hawkins, Catalano, Miller, 1992).

APPENDIX A

Evidence-based Programs for

Schools and Communities

APPENDIX B

Prevention Resources Identified

Strategic Prevention Planning

TO ASSIST STATE AGENCIES, ORGANIZATIONS, AND COMMUNITIES IN: USING STATE AND LOCAL DATA TO CONDUCT PREVENTION NEEDS ASSESSMENTS; SELECTING AND IMPLEMENTING WITH FIDELITY EVIDENCE-BASED PREVENTION POLICIES AND PROGRAMS BASED ON SOUND PREVENTION DATA OF ASSESSED RISK AND PROTECTIVE FACTORS OF PROBLEM BEHAVIORS; AND MONITORING AND EVALUATING EFFECTIVENESS OF PREVENTION EFFORTS.

Strategy 1

Include a plan for ensuring statewide participation in the Arkansas Prevention Needs Assessment Student Survey (APNA) and other yet to be identified prevention needs assessment efforts.

Strategy 2

Establish and maintain a best practices and promising approaches matrix that identifies programs, and select the programs based on needs identified by the APNA and other data sources to ensure that prevention efforts address the specific prevention needs of partner state agencies and their community constituents.

Strategy 3

Establish and maintain guidelines for collection of prevention data and its dissemination to state and community prevention entities.

OBJECTIVE 3:   DATA TO SUPPORT STATE AND COMMUNITY PREVENTION EFFORTS

*TO SUPPORT THE ARKANSAS ALCOHOL AND DRUG ABUSE COORDINATING COUNCIL
AS THE LEAD AUTHORITY FOR PREVENTION IN THE STATE.*

Strategy 1
Review criteria and provide broad technical assistance on implementation of the Arkansas Strategic Prevention Framework *elements to agency and program directors associated with substance abuse.*

Strategy 2
Support funding practices to state agencies based on sound prevention policies and programs that in turn allocate money to support local prevention services.

Strategy 3
Establish and monitor state prevention outcomes and provide guidance to state agencies to reach proposed outcomes.

OBJECTIVE 1: STATEWIDE LEADERSHIP

The *Arkansas Strategic Prevention Framework* will offer new directions with statewide and community-focused activities for addressing prevention. Under each objective, various strategies are identified to guide implementation of the *Arkansas Strategic Prevention Framework*.

MISSION
STRATEGIC PREVENTION FRAMEWORK GOAL

Strategic Prevention Data System
for Needs Assessment and Outcomes
Glossary

APPENDIX E

State Outcomes and Targeted Measures

SUBSTANCE USE ABSTINENCE MEASURES

Desired Outcome: Reduce the percentage of 6th, 8th, 10th and 12th graders reporting lifetime use of
alcohol, tobacco, and marijuana.

SAMHSA Strategic Prevention
Framework Model

APPENDIX D

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services created the Strategic Prevention Framework (SPF).   It is designed to build on science-based theory and evidence-based practices.   To be effective, the SPF supports that prevention programs must engage individuals, families, and entire communities.

References

Arkansas Prevention Needs Assessment Student Survey (2003). **Alcohol and Drug Abuse Prevention, Division of Behavioral Health Services, Department of Human Services. Little Rock, Arkansas.**

Arthur, M. W., Hawkins, J. D., Catalano, R. F., & Pollard, J. A. (1994). *Student Survey of Risk and Protective Factors and Prevalence of Alcohol, Tobacco, and Other Drug Use.* Seattle, WA: Social Development Research Group.

Hawkins, J.D., Catalano, R.F., and Miller, J., Y.   Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescents and Early Adulthood: Implications for Substance Abuse Prevention. *Psychological Bulletin*, 112, No. 1, 1992. Institute of Medicine (1994) Prevention Definition: Taken from the document: *Guidelines for Inclusion in Implementing the Subrecipient Component of the State Incentive Cooperative Agreement 1998.* Center for Substance Abuse Prevention. Rockville, MD.

Pollard, J.A., Hawkins, J.D., Arthur, M.W.   Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research, 23(3):145-158, 1999.*

Washington State Incentive Grant State Substance Abuse Prevention System, (March 2001). Department of Social and Health Services, Division of Alcohol and Substance Abuse. Olympia, WA.

Strategic Implementation of Evidence-Based Programs, Practices, and Policies

Risk Factors *(Factors to decrease)*	**Protective Factors** *(Factors to increase)*
• Perception of Risk/Harm (of Substance Use) • Attitudes about Substance Use • 30 Day Substance Use • Age of First Use • Regular Alcohol Use • Binge drinking • School Suspension • Students Arrested • Students Attacked to Harm • Students who belong to a gang • The number of schools being reported as persistently dangerous schools, as defined by the state • The number of students carrying weapons on school property • Favorable attitudes toward antisocial behaviors	• Opportunities for Positive Involvement • Rewards for Positive Involvement • Opportunities for Positive Attachment and Healthy Bonding • Social Skills • Belief in the Moral Order • Religiosity

SUBSTANCE USE ABSTINENCE MEASURES

Desired Outcome: Reduce the percentage of 6th, 8th, 10th and 12th graders reporting past month
use of alcohol, tobacco, and marijuana.

State Outcomes and Targeted Measures

FAMILY AND LIVING CONDITIONS AND SOCIAL CONNECTEDNESS MEASURES

Desired Outcome: Reduce family conflict and increase family attachment and family rewards/ opportunities for prosocial involvement.

State Outcomes and Targeted Measures

State Outcomes and Targeted Measures

SUBSTANCE USE ABSTINENCE MEASURES

Desired Outcome: Increase the percentage of youth who perceive that smoking, drinking alcohol, and using marijuana are harmful (perceived risk of use).

State Outcomes and Targeted Measures

Desired Outcome: Reduce the percentage of youth dropping out of school and the percentage of youth
reporting low commitment to school.

EDUCATIONAL MEASURES

Desired Outcome: Reduce the number of alcohol- and drug-related school infractions.

CRIMINAL JUSTICE MEASURES

Desired Outcome: Reduce the alcohol- and drug-related arrest rates and the prevalence of antisocial behaviors committed by 6th, 8th, 10th, and 12th graders.
Desired Outcome: Reduce the percentage of youth who hold favorable attitudes towards drug use.

SUBSTANCE USE ABSTINENCE MEASURES

Desired Outcome: Increase the average age of first use of alcohol, tobacco, and marijuana.

The *Comparison Matrix of Evidence-Based Programs for Schools and Communities* in this section is an overview of evidence-based prevention programs appropriate for use in Arkansas schools, communities, and state agencies. Currently, some of these programs are being implemented in Arkansas schools through Safe and Drug-Free Schools funding, which also supports a number of community programs with grants administered through the Office of Alcohol and Drug Abuse Prevention (ADAP), Division of Behavioral Health Services, Department of Human Services.

The matrix is organized alphabetically down the left side of the page by evidence-based program name. The main headings and subheadings across the top of the page reflect the basic components to consider when selecting evidence-based prevention programs. The Target Population and Program Essentials subheadings include legends. All rows include markers to indicate the elements specific to each prevention program. Shaded rows indicate programs that were reported as being implemented in Arkansas schools and communities in SFY 2003-2004.

The Evidence-based Model Programs Workgroup chose the following criteria for including programs in the Comparison Matrix:

- Needs assessment data related to selected geographic area/specific populations, including risk and protective factor data (2003 APNA)

- Target Population
  - ~ Different age groups and both genders
  - ~ Pre-K – High school students
  - ~ College students
  - ~ Parents/Families/Mentors/Foster Parents
  - ~ Diverse ethnic groups
  - ~ Delivery venues (based at school, community sites, home, faith-based sites, mental health clinics, and juvenile residential facilities)
  - ~ Geographic areas

- Program Essentials
  - ~ Training, materials, staff and other related implementation essentials and their costs were not included in the criteria for listing a program in the matrix.   This column was added only to show whether training and materials are required or available. Prevention providers should contact the Program Developer for complete information and to determine if a program is cost-appropriate for them.

- Recognition: Prevention Program Resources
  - ~ The recommended programs are recognized as p**revention best practices** by the following agencies, in addition to other organizations not listed on the chart. "Best practices" can be defined as strategies, activities, or approaches that have been shown through research and evaluation to be promising for preventing and/or delaying initiation of substance abuse.

  - ~ Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov)
  - ~ National Institute on Drug Abuse (NIDA) (www.drugabuse.gov)
  - ~ Office of Juvenile Justice Delinquency Prevention (OJJDP) (www.ojjdp.ncjrs.org/)
  - ~ OJJDP: Blueprints for Violence Prevention (www.colorado.edu/cspv/blueprints/)
  - ~ U.S. Department of Education (DOE):   Safe and Drug-Free Schools (SDFS) (www.ed/about/offices/list/osdfs/programs.html)

- Problem behavior outcome data (2003 APNA)
  - ~ Substance abuse (Alcohol, tobacco and other drugs)
  - ~ Delinquency
  - ~ Teen pregnancy
  - ~ School dropout
  - ~ Depression/anxiety
  - ~ Violence/Bullying
  - ~ Binge drinking and Underage drinking

Recommendations for Prevention Program Selection

The SIG Advisory Committee recommends the following criteria to be of primary concern when choosing an evidence-based prevention program for a federally or state-funded school, state agency, or community:

- Verify the need for the program based on a needs assessment of risk and protective factors and problem behavior outcome data for the identified, appropriate target population.

- Determine which local resources are available in the community. A program must match the needs of a community and not duplicate other services in that community.

- Ensure that the program is evidence-based (scientific, research-based and replicated) and recognized as a prevention best practice, or evidence-based program, or as adhering to the U.S. Department of Education's Principles of Effectiveness.

- Determine that the program is well designed, the agency/organization can implement it with fidelity, and training and on-going technical assistance will be provided to assure proper delivery of the program.

- Determine cost-effectiveness of training, materials, staffing, and other expenses compared to number of youth served.

- Ensure that the program has an evaluation plan that includes measurable objectives with identified and appropriate measures.

Evidence-based Programs for Schools and Communities

Prevention Programs and Efforts

~ **Across Ages**[*]
~ **The Peace-Able Place**
~ **All About Drugs**
~ **All Stars**[+]
~ **Anger Tool Kit**
~ **Askable Parent Program**
~ **Be a Winner**
~ **Be Cool Series**
~ **Big Brothers/Big Sisters**[*]
~ **Champs Have and Model Positive Peer Skills (CHAMPS)**
~ **Character Centered Teaching**
~ **Character Coaches**
~ **Character Education Program**
~ **Character First**
~ **Character Kid Skills**
~ **Chase**
~ **Choices Assemblies**
~ **Clear Choices**
~ **Conflict Managers**

- Conflict Resolution/Peer   Mediation
- Connect
- Connecting with Kids Network (CWK)
- Coping with Conflict
- Coping with Difficult People
- Creating the Peaceable School
- Cub Character Clubs
- Developmental Guidance
- Dare to be You[*]
- Discover Skills for Life
- Don't Laugh at Me
- Don't Pick on Me
- Drug Abuse Resistance Education (D.A.R.E.)
- Drug-free Communities series
- Fatal Vision
- Get Real About Tobacco
- Get Real About Violence
- Giraffe Heroes Program
- Going Straight
- Growing Healthy Curriculum
- Here's Looking at You
- K-12 Drug Education Curriculum
- Keep a Clear Mind[*+]
- Kelly Bear Drug Awareness
- Keys to Safer Schools
- Kids Teaching Kids
- Koalaty Kid Program
- Learning for Life Character   Program
- Life Skills Training   Program[*+]
- Life Steps
- Making Character Count
- McGruff (and Scruff)
- Non-violent Crises Intervention
- Olweus Bullying Prevention Program[+]
- PALS
- Partnership for Drug-Free   America program
- Peaceful Partners
- Peacekeeper
- Peacemaker
- Positive Action[+]
- Positive Power for Teens
- Preparing for School Success
- Preventive Intervention[*]
- Parent's Resource in Drug   Education (PRIDE)
- Project Achieve[+]
- Project Alert[+]
- Project Charlie
- Project Northland[+]
- Project Tobacco Free
- Project Towards No   Tobacco[+]
- Promoting Alternative Thinking Strategies   (PATHS)[+]
- Reach for the Stars
- Reconnecting Youth[*+]

~ **Residential Student   Assistance Program**[*]
~ **Ropes Course**
~ **Students Against Violence   Everywhere (SAVE)**
~ **Students Against Destructive D Decisions (SADD)**
~ **School within a School (SWAS)**
~ **Second Step**[*+]
~ **Smart Choices/Better Chances**
~ **SMART Leaders**[*]
~ **Stamp Out Smoking (S.O.S)**
~ **Start Taking Alcohol Risks Seriously (STARS) for   Families**[+]
~ **Steps to Respect Anti-bullying Program**
~ **Stop and Think**
~ **Stop the Violence**
~ **Strengthening Families**[*]
~ **Target Ambassador**
~ **Teens Against Drugs**
~ **The Power of Choice**
~ **The Take 10! Program**
~ **Tobacco and You**
~ **Tobacco Prevention**
~ **Teens of Northeast Arkansas (TONE)**
~ **Too Cool for Drugs**
~ **Too Good for Drugs**[*+]
~ **Too Good for Violence**[+]
~ **Violence Prevention Curriculum for Adolescents**
~ **Voices of Love and Freedom**
~ **Walnut Ridge Police Department Motivational Program**
~ **You Can Choose Series**

APPENDIX B

The following is a list of model, promising, and other prevention programs and efforts funded by the U.S. Department of Education, Office of Safe and Drug-free Schools, during FY 2003-2004, as reported[1] by the Arkansas Department of Education and the Office of Alcohol and Drug Abuse Prevention.

[1]**This list only reflects what was reported.   Other prevention programs and efforts exist in Arkansas that address substance abuse and violence.**
[*]**Evidence-based programs used in communities supported by the Office of Alcohol and Drug Abuse Prevention**
[+]**Evidence-based programs used in schools supported by the Arkansas Department of Education**

State Agencies that allocate resources for community prevention:

- Arkansas Department of Health (ADH)
  - ~   Abstinence Education
  - ~   HIV Prevention
  - ~   STD Programs
  - ~   TPEP: Tobacco Prevention Education Program
- Arkansas Department of Human Services (DHS), Division of Youth Services (DYS)
- DHS Division of Behavioral Health Services (DBHS), Office of Alcohol and Drug Abuse   Prevention (ADAP)
- Arkansas Department of   Education (ADE), Safe and Drug Free Schools (SDFS)
- Department of Finance and   Administration (DFA), Alcohol and Beverage Control (ABC)
- *Arkansas Tobacco Settlement Commission*

State Agencies that include   prevention in their services:
- DHS, Division of Child and
  Family Services
- Attorney General's Office
- University of Arkansas for Medical Sciences, Commission on Child Abuse, Rape and Domestic   Violence

Additional agencies and organizations that provide some type of prevention support services:
- Safe Schools/Healthy Students, U.S. Department of Education
- Weed & Seed (U.S. Department of Justice)
- COPS – Community Oriented Policing Services (School Resource Officers & U.S. Department of Justice)
- Byrne Grants (Drug Task Forces)
- Drug-Free Communities Support Program (CSAP/SAMHSA)
- AR National Guard
- MADD – Mothers Against Drunk Driving
- DARE – Drug Abuse Resistance Education
- Safe Kids/Safe Schools (U.S. Department of Justice)
- *Leadership to Keep Children   Alcohol Free (First Lady Janet Huckabee's Teenage Drinking Initiative)*
- Drug Enforcement Agency - Drug Demand Reduction (DEA DDR)
- Local Law Enforcement Block Grants (U.S. Department of Justice)
- Drug Courts
- Community Development Crime Prevention
- HUD - Community Development Block Grants (Administered by   AR Department of Economic Development)
- Community Coalitions
- National Highway Traffic Safety Administration – AR DOT
- University of Arkansas, Division of Agriculture, Cooperative Extension Service, 4-H Youth Development Programs

Elements of SPF

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X

Comparison Matrix of Evidence-based Programs for Schools and Communities

APPENDIX B

Comparison Matrix of Evidence-based Programs for Schools and Communities

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Comparison Matrix of Evidence-based Programs for Schools and Communities

APPENDIX B

Comparison Matrix of Evidence-based Programs for Schools and Communities

APPENDIX B

* Federal funding sources include: Substance Abuse Prevention and Treatment (SAPT) Block Grant, Safe and Drug Free Schools and Communities (SDFSC), the No Child Left Behind Act, and the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH).

[+] Core Alcohol and Other Drugs Survey of College Students. Student Health Programs (2004), University of Southern Illinois, Carbondale.

Recommended Data Sources

Desired Outcome: Increase the average age of first use of alcohol, tobacco, and marijuana.

●

Healthy Behaviors

Opportunities   Skills   Recognition

*ATOD: Alcohol, Tobacco, and Other Drugs

*ATOD: Alcohol, Tobacco, and Other Drugs

*See Glossary for the definition of evidence-based programs.